
**Los Angeles County Department of Public Health
Emergency Preparedness and Response Program**

CAHAN Enrollment Requests
Attn: Health Alert Network Coordinator

600 South Commonwealth Avenue, Suite 700
Los Angeles, CA 90005





FOR MORE INFORMATION:

Phone: (213) 637-3613 • Fax: (213) 381-0006

E-Mail: hanhelp@ph.lacounty.gov

ONLINE REGISTRATION:

<http://publichealth.lacounty.gov/EPRP/HAN>

What best describes your facility?

- ☐ Hospital
☐ Clinic
☐ Skilled Nursing Facility
☐ Other _____

Internal Use

- ☐ Enrollment Request Accepted
☐ Form Entered
☐ Login Info Sent

ENROLLMENT REQUEST

County: LOS ANGELES

Request Date: ____/____/____

PLEASE PRINT LEGIBLY USING ALL CAPS

EXAMPLE:

J O H N S M I T H

*Required for enrollment in CAHAN

Last Name*

First Name*

Title*

Email*

Facility Name*

Facility Address

Facility Phone*

Facility Fax*